

#21637

ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT												
Last Name <b>Kershner</b>		First <b>Kenneth</b>		Middle	Suffix	Alias, Scars		Marks		Booking Number <b>18-3462</b>		
Address <b>532 Cibola Way</b>		City <b>Sierra Vista</b>		State/Zip <b>AZ</b>		Origin <b>W</b>	Sex <b>M</b>	Hgt. <b>5'11</b>	Wgt. <b>230</b>	Hair <b>BLN</b>	Eyes <b>BLU</b>	Complex <b>FAR</b>
Age <b>35</b>	Date of Birth <b>2/11/83</b>	Place of Birth <b>AZ</b>	Citizen <b>USA</b>	Social Security Number <b>600-44-6830</b>		Employer <b>NONE</b>			Occupation			
Emergency Name and Number and Relationship to Person <b>Debbie Kershner / mother unk</b>						Address <b>532 Cibola Way</b>						
F.B.I. Number				State ID Number				Driver's License No. and State <b>D04554066/AZ</b>				
Arresting Agency <b>SVPD</b>			Arrest Date <b>10/12/18</b>		Arrest Time <b>1430</b>		DR Number <b>18-37134</b>		Location of Arrest <b>532 Cibola Way</b>			
Arresting Officer's Name and Number <b>J. Nicola 269</b>				Transporting Officer <b>J. Nicola</b>				Location of Occurrence <b>532 Cibola Way</b>				
1. Did defendant attempt to avoid or resist arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Was defendant armed at time of offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Was anyone injured or threatened with person injury by defendant during the course of the offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			4. Was defendant armed at time of arrest? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Has defendant admitted involvement in the offense? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Has defendant made any threats against potential witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is defendant considered a flight risk? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Was evidence of the offense found in defendant's possession? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Does the State oppose an unsecured release at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Defendant is pursuant to <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Warrant				
11. Was Property Taken or Destroyed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value: _____				12. Is there any indication defendant is <input type="checkbox"/> an alcoholic <input checked="" type="checkbox"/> an addict <input type="checkbox"/> mentally disturbed				13. List any other charges outstanding against the defendant.				
Is this being submitted as a 48-hour complaint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Explain YES answers to questions 1 - 13 4) multiple firearms on person, car and residence. 8) drugs and guns found during search 12) admitted to being a Heroin addict.								
IF SHOPLIFTING - ITEM TAKEN:												
OFFICER'S STATEMENT OF PROBABLE CAUSE: To: JUDGE COURT: (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)												
See Attached.												
Print Officer Name and Badge # <b>J. Nicola 269</b>						Officer's signature:						
JP Court <b>5</b>	JP Warrant	SC Div	SC Warrant	JP Court <b>5</b>	JP Warrant	SC Div	SC Warrant	JP Court <b>5</b>	JP Warrant	SC Div	SC Warrant	
Charge Description <b>Misconduct involving weapons</b>			Cnts <b>1</b>	Charge Description <b>Possession of narcotic drug 4-sale</b>			Cnts <b>1</b>	Charge Description <b>Possession of Narcotic Drug</b>			Cnts <b>1</b>	
Violation of Code/Sec: A.R.S. <b>13-3102.A8</b>			Compl No. <b>Felony</b>	Violation of Code/Sec: A.R.S. <b>13-3408.A2</b>			Compl No. <b>Felony</b>	Violation of Code/Sec: A.R.S. <b>13-3408.A1</b>			Compl No. <b>Felony</b>	
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:		
Date Released	F <input checked="" type="checkbox"/>	M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	F <input checked="" type="checkbox"/>	M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	F <input checked="" type="checkbox"/>	M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Booked <b>10-12-18</b>	Time <b>1801</b>	Day	Badge # <b>238</b>	Booking Officer <b>0631</b>	Hold			Booking Officer Signature 				
DR No: <b>18-37134</b>				DR No: <b>18-37134</b>				DR No: <b>18-37134</b>				
Vehicle Color		Year	Make and Model		License No.		State	Disposition of vehicle:				

1 of 2

#21637  
18-3462

JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant
Charge Description possession of drug paraphernalia			Cnts 10	Charge Description Possession of Marijuana			Cnts 1	Charge Description possession of stolen property			Cnts 1
Violation of Code/Sec: A.R.S. 13-3415.A			Compl No. FELONY	Violation of Code/Sec: A.R.S. 13-3405.A1			Compl No. FELONY	Violation of Code/Sec: A.R.S. 13-1802.A5			Compl No. FELONY
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:	
Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Booked	Time	Day	Badge #	Booking Officer	Hold	Booking Officer Signature					
DR No: 18-37134				DR No: 18-37134				DR No: 18-37134			

  

JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant
Charge Description			Cnts	Charge Description			Cnts	Charge Description			Cnts
Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:	
Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Booked	Time	Day	Badge #	Booking Officer	Hold	Booking Officer Signature					
DR No:				DR No:				DR No:			

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